



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: REGENCY HOSPITAL OF NORTHWEST INDIANA

City of Hospital: Portage, East Chicago

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Elizabeth Loyack

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Medicare Provider Number: 15204

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$134692002
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$134692002

2. Deductions From Revenue

Contractual Allowance	\$110977821
Other Deductions	\$236214
Total Deductions	\$111214035

3. Total Operating Revenue

Net Patient Service Revenue	\$23477967
Other Operating Revenue	\$2179
Total Operating Revenue	\$23480146

4. Operating Expenses

Salaries and Wages	\$11008486	Employee Benefits	\$1839323
Depreciation and Amortization	\$274193	Interest Expense	\$0
Bad Debt	\$0	Other Expenses	\$10655397
Total Operating Expenses	\$23777399		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-297253	Total Assets	\$30835073
Net Non-operating Gains over Loss	\$234297	Total Liabilities	\$4128428

Total Net Gains	\$-62956
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$88858233	\$73560445	\$15297788
Medicaid	\$9122352	\$7885897	\$1236455
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$36711417	\$29767693	\$6943724
Total	\$134692002	\$111214035	\$23477967

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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